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**Reply under 37 CFR 1.116**  
**Expedited Procedure**  
**Technology Center 2800**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Serial No. .... 10/671,229  
Confirmation No. .... 8204  
Filing Date ..... September 24, 2003  
Inventor ..... Leonard Forbes  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2814  
Examiner ..... L. Pham  
Attorney's Docket No. .... MI22-2272  
Customer No. .... 021567  
Title: Electronic Apparatus, Silicon-on-Insulator Integrated Circuits, and  
Fabrication Methods

**RESPONSE TO SEPTEMBER 25, 2006 FINAL OFFICE ACTION**

To: MS AF  
Commissioner for Patents and Trademarks  
P.O. Box 1450  
Art Unit 2814  
Alexandria, VA 22313-1450

From: James E. Lake (Tel. 509-624-4276; Fax 509-838-3424)  
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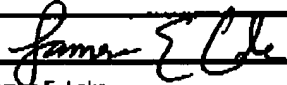
**AMENDMENTS**

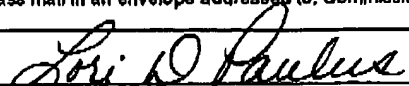
PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0851-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/671,229
	Filing Date	September 24, 2003
	First Named Inventor	Leonard Forbes
	Art Unit	2814
	Examiner Name	L. Pham
	Attorney Docket Number	M122-2272
Total Number of Pages in This Submission		0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Customer No. 021567 Although there is no fee believed due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wells St. John P.S.	
Signature		
Printed name	James E. Lake	
Date	22 Dec 2006	Reg. No. 44,664

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Lori D. Paulus	Faxed to: (571) 273-8300
Date	12/22/06	

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